FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)		Office use only	
NAME OF COMMITTEE (in	(Check if n is changed		12FE4M5	
Adam Smith f	or Congress Committee			
1				
	PO Box 23626	<u> </u>		
ADDRESS (number and	street)			
(Check if addr is changed)	ess Federal Way			
		CITY▲	STATE▲ ZIP CODE ▲	
COMMITTEE'S E-MA				
phil@seattlect	o.com			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
http://www.electadamsmith.com				
	<u> </u>			
COMMITTEE'S FAX N 2063818597	NUMBER			
2. DATE 0.6				
3. FEC IDENTIFICA	ATION NUMBER	C C00304709		
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)				
I certify that I have exam	ined this Statement and to the best o	of my knowledge and belief it is true, corre	ct and complete	
Type or Print Name of	Treasurer Philip Lloy	yd		
Signature of Treasurer	Electronically Filed by Phi	lip Lloyd	Date 0 6 1 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
NOTE: Submission of fa		ation may subject the person signing this	Statement to the penalties of 2 U.S.C. S437g. ED WITHIN 10 DAYS	
Office Use Only		For further informat Federal Election Com Toll Free 800-424-95	mission FEC FORM 1	